

PART B - FEE(S) TRANSMITTAL

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7590 06/08/2006

M. P. Williams
210 Main Street
Manchester, CT 06040

06/20/2006 MGEBREM2 00000039 501307 10717089

01 FC:1501 1400.00 DA
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Barbara Cerec	(Depositor's name)
<i>Barbara Cerec</i>	(Signature)
6/20/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/717,089	11/19/2003	David G. Converse	C-2593	7010

TITLE OF INVENTION: ELECTRIC STORAGE AUGMENTATION OF FUEL CELL SYSTEM TRANSIENT RESPONSE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/08/2006
EXAMINER		ART UNIT	CLASS-SURCLANS		
CANTILMO, GREGG		1745	429-013000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <i>M. P. Williams</i>
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.		3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(D) RESIDENCE: (CITY and STATE OR COUNTRY)

South Windsor, CT

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
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4b. Payment of Fee(s):

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1307 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature M. P. Williams

Date 6/20/06

Typed or printed name M. P. Williams

Registration No. 19,220

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